



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1

Identifying Information

1. Given Name (First Name)

Pedro

2. Surname (Last Name)

Landete

3. Date

14-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Clinical features and radiological manifestations of COVID19 disease

6. Manuscript Identifying Number (if you know it)

56920

Section 2

The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Landete has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carlos Andrés

2. Surname (Last Name)
Quezada Loaiza

3. Date
14-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pedro Landete

5. Manuscript Title
CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)
03428837

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 1. Identifying Information

1. Given Name (First Name)

Beatriz

2. Surname (Last Name)

Aldave-Orzaiz

3. Date

14-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pedro Landete

5. Manuscript Title

CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

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1. Given Name (First Name) Susana	2. Surname (Last Name) Hernández	3. Date 14-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pedro Landete
5. Manuscript Title CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE		
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1. Given Name (First Name)

Antonio

2. Surname (Last Name)

Maldonado

3. Date

14-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Pedro Landete

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Enrique

2. Surname (Last Name)
Zamora

3. Date
14-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pedro Landete

5. Manuscript Title
CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)
03428837

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Zamora has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Allan Charles

2. Surname (Last Name)
Sam Cerna

3. Date
14-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pedro Landete

5. Manuscript Title
CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)
03428837

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Sam Cerna

3. Date
14-August-2020

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Corresponding Author's Name
Pedro Landete

5. Manuscript Title

CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Elia

2. Surname (Last Name)

Del Cerro

3. Date

14-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Pedro Landete

5. Manuscript Title

CLINICAL FEATURES AND RADIOLOGICAL MANIFESTATIONS OF COVID19 DISEASE

6. Manuscript Identifying Number (if you know it)

03428837

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1. Given Name (First Name)

Raquel

2. Surname (Last Name)

Cano

3. Date

14-August-2020

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Yes

No

Corresponding Author's Name

Pedro Landete

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Felipe

2. Surname (Last Name)
Couñago

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14-August-2020

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Pedro Landete

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Couñago has nothing to disclose.

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